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ABSTRACT

Many teenagers will be pressured by either external or internal forces to become involved in sexual experiences. Assuming that adolescents will be faced with the question of whether or not to have intercourse, that this will be an individual decision involving internal control, and that each individual will have to make that decision, it becomes clear that adolescents would benefit from assistance and training about how to make decisions. A cognitive learning approach to sexual decisionmaking could offer a means of helping young people use more thoughtful decisionmaking. Teachers and counselors are in an advantageous position to help students develop the skills necessary for responsible decisionmaking (self-awareness, communication, values clarification, decisionmaking itself) and to apply them to the critical areas of sexual intercourse, bearing children, using contraceptives, having an abortion, giving up a child for adoption, and marriage. Structured materials are available for counselors, teachers, and students which can be used in teaching or counseling, both with individuals who are sexually active and with those who are not. The best time for training in decisionmaking skills is before they are needed and a well-designed program beginning in pre- and early adolescence could prepare youth for this important task. (NRB)

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GUIDING ADOLESCENTS TOWARD RESPONSIBLE SEXUAL DECISIONS

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GUIDING ADOLESCENTS TOWARD RESPONSIBLE SEXUAL DECISIONS

Sexual behaviors and the decisions which precede or accompany them are important aspects of life. This becomes obvious at the onset of puberty with the beginning of the emotional drive for sexual fulfillment. There is a need to control and channel sexual behavior. This is essential for individual well-being, family functioning, and the continuation of society. Far-reaching repercussions accompany irresponsible behavior and lack of concern for the physical, psychological, social, and economic welfare of those who are, or will be involved in and affected by any sex-related act or activity.

Sexual intercourse, bearing children, using contraceptives, having an abortion, giving up a child for adoption, cohabiting or marrying, all are important, and often critical behaviors. Decisions about them merit careful consideration. These six decisions are the links in "A Chain of Sexual Decision-Making" (Juhasz, 1975), and consideration of the last five should automatically follow the question, "to have sexual intercourse or not?" The subsequent questions follow sequentially as possible outcomes of that behavior and young people should be prepared to make these decisions. In this paper the problems for adolescents related to these six sexual behaviors are presented. This points to the need for training in decision making. Suggestions are made for applying the decision making skills, self-awareness, communication, and values clarification--to sexual behaviors. This approach gives the adolescent responsibility and control and is preventive rather than remedial.

THE ADOLESCENT SITUATION

There is a strong possibility that most teenagers today will be pressured either by external or internal forces to become involved in sexual experiences. Many, knowingly or unknowingly, will act irresponsibly. Possible unanticipated and unwanted outcomes are pregnancy, venereal disease, loss of self esteem, or anxiety and guilt feelings. These results can have negative effects on the relationship as well as on the individuals involved. Easy access to contraceptives, more open discussion of sex, changing abortion laws, and greater exposure to varied sexual behaviors and alternative life styles via the mass media have resulted in a steadily increasing incidence of teenage sexual intercourse. Accompanying this has been an increase in teenage pregnancy, child bearing, abortion and child abuse (Bolton, Laner & Kane, 1980, Miller, 1981, Youngs & Niebyl, 1975, Zelnik, Kim & Kantner, 1979).

Knowledge of this trend leads to two possible courses of action. On the one hand, measures can be taken to attempt to reverse the trend by applying external control and trying to convince young people to desist from early sexual intercourse. Or, one can assume that an adolescent will be faced with the question whether or not to have sexual intercourse, that this will be an individual decision requiring internal control and that each young person will have to make a crucial decision about this question. In that case, the course of action would be to provide young people with assistance and training about how to make decisions.

The key concept is decision-making. Formerly, the family, church and society, with their rules and regulations, their system of rewards and punishments, operated with a type of conditioning based on fear and

avoidance of punishment. This acted as a powerful deterrant for many young people, helping them either to keep their strong sex drives under control or to sublimate them in some manner.

The same factors could be influencial and similar abstinence from sexual experiences could result from a different type of learning process. Religious, family, and societal values could be internalized and then consciously used as guidelines for behavior.

Increased sexual knowledge and accessibility of birth control measures and abortion clinics have lessened the fear and eliminated some of the aversive type of conditioning. This has also added new dimensions to be considered and new alternative behaviors from which to select. Increasingly, these changes have placed the burden and the responsibility of sexual decision-making on the individual, specifically, in this case, on the adolescent. Thus, a cognitively-based orientation to learning and behavior becomes essential if young people are to be equipped with the skills necessary for effective, responsible decision-making.

Although there is now a body of literature on adult decision-making regarding premarital sexual intercourse (Fishbein, 1966), fertility (Davidson & Jaccard, 1975), contraceptive use (Jaccard & Davidson, 1972), and abortion (Smetana & Adler, 1979), little has been reported on adolescents' sexual decision-making or on their ability to utilize the required skills; self-awareness, communication, values clarification, and problem solving. Some adolescents do communicate with parents but their skill level has not been of interest. Also few adolescents consulted their parents when they first thought they might be pregnant. In Rosen's sample slightly more than half of the adolescents

did involve their mothers in pregnancy resolution decision-making (Rosen, 1980). Kirkendall (1967) has pointed to their lack of communication skills. Such lack of communication can significantly alter the ordering of decision solutions. Without communicating, either one must assume or guess the partner's feelings or needs or else automatically rule them out as unimportant or irrelevant. Byrne (1977), suggesting that the male take greater responsibility for birth control decisions, sees adolescent lack of communication as one of the major problems. Unable to talk about contraception, each partner expects the other to utilize some method. Of critical importance is the early adolescent age group, 15 years and younger. A report on a study of 12-to 15-year old mothers notes that the chances of unplanned pregnancies and childbirth in this age group are increasing greatly. Hundreds of thousands of 13-and 14-year old boys and girls are sexually active and are at risk of becoming parents (Miller, 1981). Insufficient communication and information are factors in this lack of planning. Cahn (1977, p. 215) points out that fully one quarter of this age group have no one at all with whom to discuss family planning decisions. Legal minors (17 and younger) are less likely than adults to anticipate consultation with a professional regarding pregnancy. At the same time they are more likely to perceive decisions about pregnancy disposition and contraception as being externally determined (Lewis, 1980). These findings point both to the lack of communication and the need for decision making skills which will enable the adolescent to be more responsible and internally directed.

Decision-making is a complex and difficult process which must be learned and practiced before it can be applied to specific situations.

Many adults are unskilled in this respect. Traditionally, it has been in the business world where financial loss or gain is involved that emphasis has been placed upon training for decision-making. In dealing with adolescents and sexual behavior, in addition to financial consideration, human potential and lives are at stake.

DECISION-MAKING SKILLS AND SEXUAL BEHAVIOR

It is critically important that attempts be made to help all young people learn how to make decisions before they are faced with decisions which are so serious that both their present life and their future may be irreversibly changed as a result. This would involve teaching the skills of decision-making and encouraging practice on issues and questions where the results of the decision are not so damaging and where minimal risk is entailed as a result of alternative decisions.

Also, application of these decision-making skills in practice rather than in actual situations would allow the young person to think through potential problems and to learn in a safe environment before being faced with a real life situation. For adolescents who have already had to cope with some sexual decisions, skill training will be valuable in helping them to deal more effectively with other sexual questions which they will face in the future.

The skills which are necessary for decision-making are skills of self-understanding or self-awareness, communication, values clarification, problem-solving and the final decision-making processes. The first skill, self-awareness, forms the basis for those which follow and can be developed in preteens. Puberty with its attendant physical changes and emotional variations, the period marked by Erikson's

identity crisis, is an ideal time to develop awareness of the sexual self together with awareness of the physical, social, intellectual and emotional dimensions of the self.

Self-awareness is closely related to the self-concept and level of self-esteem, and many of the sexually active early teenagers are insecure with low levels of self-esteem. It is easy for peers to influence these adolescents. Also many come from broken homes or from single headed households (Miller, 1981). It is important to help young people to get in touch with who they are and what they think, to become aware of their attitudes about themselves and about sexual activities. This is a first step in the process of evaluating, clarifying, discussing and arriving at decisions about sexual behavior.

METHODS AND MATERIALS

Teachers and counselors are in an advantageous position to utilize the model of sexual decision-making and the six questions to help individuals or groups to develop the skills necessary for responsible sexual decision-making; self-awareness, communication, values clarification. A self-awareness exercise could include, for example, attitudes toward premarital sexual intercourse, desire to have children, and feelings about use of contraceptives or having abortions.

Communication related to sexual behavior is often non-verbal. Clothes, belongings, cosmetics, and mannerisms can all act as sexual signals. Usually, the message is perceived and interpreted in light of the viewer's background, experience, and needs. Thus, the margin for error and the potential for misunderstanding is great. Learning to verbalize about sexual emotions, fears, questions, and values is difficult. For most adolescents, there is little opportunity in real

life to learn, practice, and develop these skills. Many do not even have the correct basic sexual vocabulary. Role playing in a hypothetical situation, which nevertheless may be real for some of the individuals involved, can incorporate the processes needed for effective communication. Listening, empathizing, and clarification skills can also be taught through role playing. Exercises which focus on feeling and thinking messages, on interpreting verbal and non-verbal signals, and on role reversal situations are all useful.

With increasing frequency values clarification is taught in schools. This is an important component in sexual decision-making. The wide range of factors makes up the values complex of an individual and these values exert a powerful influence, serving to motivate and direct behavior. Religious, familial, societal, and personal factors relating to self and to others, in terms of present and future impact, interrelate and influence personal goal-setting and decisions.

Six basic questions related to sexual behavior and interpersonal relations which require important decisions are: whether or not (1) to have sexual intercourse, (2) to bear children, (3) to use contraceptives, (4) to have an abortion, (5) to give up a child for adoption, (6) to marry (Juhasz, 1975). Adolescents were influenced in their decisions on these questions, by standards and rules of society, church and family, by personal needs and values, by peer groups and friends, and concern for present and future. Varied influences clustered into six general factors: (1) family establishment competence; (2) external morality; (3) consequences of childbearing; (4) self-enhancement through sexual intercourse; (5) intimacy considerations regarding sexual intercourse; (6) consequences of marriage. Factor one is concerned with

parenting skill and ability to provide for financial and emotional needs of an infant. External morality encompassed religious teachings, parental attitudes and values and social mores. Consequences of child-bearing included future concern for education and career and for health of mother and child. Feelings of masculinity, femininity, self-esteem power and competency were anticipated outcomes. Concern about the effects of sexual intercourse on the partner's feelings of respect, desire and commitment were expressed in factor five. Consequences of marriage reflected thought of future finances, career, social life and personal development (Sonnenshein-Schneider, 1978).

The questionnaire (Juhasz & Kavanagh, 1978) which generated these factors could be utilized as a basis for discussion of values and goals as well as for stimulation of self-awareness. A second questionnaire (Walters, et.al., 1979) dealing with the single question, "to have or not to have children?", could function similarly.

Decision-making rests on the self-awareness, communication, and values clarification processes. Rank ordering of various goals and objectives, and constructing a time line in terms of reaching these goals, which include children, family, and marriage, will help adolescents project into the future. Charting, "If I do this, these are the possible outcomes," and then relating the outcomes to the probability of facilitating or hindering goal attainment will provide practice in problem solving and reaching decisions.

Structured materials are now available for counselors, teachers and students (Morrison, 1974, Juhasz, 1981). These can be utilized in teaching or counseling, both with individuals who are sexually active and with those who are not or have never been. The Juhasz material deals

with the four processes, self-awareness, communication, values clarification, and decision-making applied to the six questions, to choose or not to choose--sexual intercourse, children, contraception, abortion, adoption, and marriage. The Morrison material covers values clarification. Ideally, the best time for training in decision-making skills is before they are needed and a well-designed program beginning in pre- and early adolescence could prepare youth for this important task.

CONCLUSION

Training in decision-making skills provides no guarantee that cool, clear-headed, considered judgment will prevail in emotionally-charged and sexually-stimulating situations. No warranty accompanies the sexual decision-making skills instructional package indicating that, should it not be 100% effective in preventing sexual intercourse, unwanted children, abortion, or premature marriage, full responsibility for the results will be accepted by the provider.

What does come with this approach is knowledge that the concerned adult has provided necessary information and skill-training which could help the young person to think through in advance the different outcomes of various behaviors and to consider alternative decisions. In this way, perhaps adolescents could avoid some situations which might prove to be unmanageable.

One cannot predict probable behavior under stress, either for oneself or for another, and adolescence is characterized by the many stressful events which accompany the identity cri[illegible] Add to this the extra crisis of family breakup which each year mo[illegible]ng people encounter. At this developmental stage, Maslow's prepotent needs for safety, love, belonging and esteem, could take precedence over cool, clear

logic. In sexual behavior and closeness the adolescent may hope to meet these needs.

This cognitive learning approach to sexual decision-making offers a means of helping young people to use more thoughtful decision-making, with the possible outcome of better physical and mental health for infants, children, adolescents and young adults. This preventive measure should warrant the investment of counselor, teacher or parent time and energy.

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